



Graduate Studies Request for Issuance of Form DS 2019

INTERNATIONAL SERVICES 1351 WSC PHONE: 801-422-2695 FAX: 801-422-0644

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IntJDS2019

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Instructions to Applicants: Complete page one of this form and return both page one and two to Graduate Studies (105 FPH).

Student Information (List legal name on passport.)

1. Family name	<input type="text"/>	6. Country of citizenship	<input type="text"/>
First name	<input type="text"/>	7. Country of permanent residency	<input type="text"/>
Middle name	<input type="text"/>	8. Marital status	Single <input type="checkbox"/> Married <input type="checkbox"/>
2. Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	9. Degrees held	<input type="text"/>
3. Date of birth (MM/DD/YYYY)	<input type="text"/>	10. Degrees sought	MPA <input type="checkbox"/> MBA <input type="checkbox"/>
4. Birth city	<input type="text"/>	11. Current position/occupation in home country	<input type="text"/>
5. Birth country	<input type="text"/>		

Dependent Information (List the legal names on the passport; if legal permanent residency is different than citizenship, please indicate.)

12. Spouse's and/or child's full name (Family name, first, middle)	Gender (M or F)	Date of birth (MM/DD/YYYY)	Birth city	Birth country	Country of citizenship	Country of permanent residency
Spouse						
Child 1						
Child 2						
Child 3						
Child 4						

Insurance Information

13. Insurance provider*	BYU Insurance <input type="checkbox"/>	Other (Please specify) <input type="text"/>
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*Federal regulations require that exchange visitor participants and dependant family members have approved minimum health and accident insurance coverage during their program period.

14. Amount of funding provided by BYU through Cardon International Sponsorship (CIS)	\$	<input type="text"/>	
Duration of Cardon International Sponsorship (CIS)		<input type="text"/>	to <input type="text"/>
		(MM/DD/YYYY)	(MM/DD/YYYY)
15. Amount of funding provided by exchange visitor's government*	\$	<input type="text"/>	
16. Amount of funding provided by exchange visitor* (Personal funds cannot be the sole funding source.)	\$	<input type="text"/>	
17. Amount of funding provided by other source(s)* **	\$	<input type="text"/>	
Name(s) of other source(s)		<input type="text"/>	
18. Total funding provided by all sources	\$	<input type="text"/>	
		(Sum of 15, 16, 17, & 18.)	
19. Necessary tuition and living expenses (Must be less than or equal to total funding provided by all sources.)	\$	<input type="text"/>	

*Please attach documentation to verify source and amount.

**This includes financial support which comes from any source other than BYU or university-administered funds as indicated on Form I-1 in the *Application for Graduate Admission*.

Cross-Cultural Activities Requirement

Central to the purpose of the program, federal regulations require that exchange visitors participate in cross-cultural activities. The government encourages sponsors to give the exchange visitor the broadest exposure to American society, culture, and institutions. Please assign an advisor from among the department faculty/administration and provide the contact information below. The advisor should have frequent contact with the visitor in a variety of settings.

20. Advisor

Advisor (Family name, first)	Address	Phone
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Sponsor Information

21. Sponsoring department

Department	Address	Phone
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By signing this request, the department/college certifies that the above named exchange visitor has the necessary English language proficiency to successfully complete his or her exchange visitor program and that the information on this request is accurate.

Original Signature of Graduate Admissions Administrator	Date
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For International Service Use

	RECEIVED	ENTERED